Su-S-015
CAP training in Europe: Similar challenges, different systems
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“Children are not simply small adults”, states the UEMS CAP training Logbook. The core identity of Child and Adolescent Psychiatry (CAP) has been at stake for the last few decades in Europe. CAP is an independent specialty in 23 countries, a subspecialty in eight countries, but five countries do not have any structured CAP training. Training differences are marked even within the EU member countries, not only in terms of content of training programs, but also relevant to duration, trainee selection, and graduation procedures. Interestingly, only half of the countries have integrated psychotherapy training as a full component of CAP training. The UEMS CAP Board published a Training Logbook, which has already helped new EU member countries to implement their own training program. We will discuss the discrepancies and similarities in CAP training programs across Europe, and the challenges that have arisen through harmonization processes.

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Su-S-016
Current endeavors to consolidate the evidence base around training in Europe; medical student exposure to child and adolescent psychiatry training
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The European Federation of Psychiatric Trainees (EFPT) is an independent federation of psychiatric trainees associations. The EFPT is officially recognized by the European Board of Psychiatry and European Board of Child and Adolescent Psychiatry. The Federation serves psychiatric trainees in all branches of psychiatry all over Europe and its function is to provide a forum in which trainees can learn about the diversity and richness of the current training of psychiatrists in Europe.

EFPT consists of several working groups that focus on supporting different fields (e.g. psychotherapy, child and adolescent psychiatry etc) and carry out various projects. The aim of CAP working group is firstly to represent CAP trainees and develop common recommendations regarding training while furthering links with organisations such as UEMS. In recent years, the group has also recognised the need to collect information in order to assess the quality level of training in European countries, to recognize differences and build upon positives. In 2010–2011, this focused on training standards around Europe.

In 2011–2012, we focus on:

– the field of psychotherapy. The CAP group recognizes that family and family relationships play a major role in the formation of a child’s personality. The survey is being conducted in conjunction with the Psychotherapy WG within EFPT, thus training in this area in both adult psychiatry and CAP will be compared. Initial results will be presented at this symposium;
– we believe that awareness of mental illness in the childhood should be an important part of the education in medical faculties. Therefore, we are keen to ascertain what placement opportunities in CAP are currently offered to medical students around Europe. Gathering information on this is our second aim for the next year.

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Su-S-017
The influence of T-ASK on parenting stress
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Parenting a child with ASD is associated with high stress. There is evidence that high levels of parenting stress counteract the effectiveness of early interventions for ASD. T-ASK is an early parent-based communication-focused training for pre-schoolers with ASD, that is conceptionally based on a German-wide accepted group training for parents with specific language delayed children. In T-ASK, parents learn how to behave more synchronic in everyday social-communicative situations to improve their child’s initiating and responding communication acts and to increase mutually shared attention. Currently, T-ASK is getting evaluated in a randomised-controlled study on 24 pre-schoolers aged 3–6. For assessing the severity of distress among these parents, the evaluation includes the German version of the Parenting Stress Index, one of the most widely used instruments for measuring parenting stress in families of children with ASD. Results will be discussed.

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Su-S-018
Joint attention and communication in an early intervention programme
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Joint attention is the process of sharing one’s experience of observing an object or event, by following gaze or pointing gestures. This early developing set of behaviors plays a critical role in both social and language development and is specifically impaired in children with autism. In this study, joint attention behaviors were taught to 18 children with autism aged 24 to 48 months in the context of an early start Denver Model Approach.

Methods.– The ESDM Curriculum Checklist was used to evaluate the child level. Learning objectives were constructed and a multiple baseline design was used to evaluate intervention effects. The intervention occurs in a play-based interactive style using a joint activity frame. Parents are involved and participate in the child training.

Results.– A significative improvement of the joint attention capacity is obtained for the group. An improvement in other domains like communication is also obtained. A single case design was used and this approach permits the analysis of individual differences in joint attention learning.

Discussion.– Young children with autism can learn joint attention in a natural setting with professionals and with parents even if the rate of progression can vary from a child to another.

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Su-S-019
Managing repetitive behaviours: A new parent group based intervention for the treatment of repetitive behaviours in young children with ASD
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There is an emerging evidence base that earlier delivered interventions may improve outcomes and “prevent” secondary disturbances for young children with Autism Spectrum Disorders and their families. Many of these interventions are delivered by parents but most focus on social communication. Parents rarely receive specific advice on how to understand, manage and reduce the impact of their child’s repetitive behaviours, despite our knowledge that parents’ ratings
of their stress levels is highly correlated with the severity of their child’s R Bs. This presentation will describe the development of a new parent based group intervention for parents of young children with ASD. Managing repetitive behaviors has been designed together with parents and is currently the subject of a feasibility pilot randomised controlled trial in North East England. If shown to be effective, this intervention could be implemented as an extension of existing parent group interventions that are delivered within local community services.

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Su-S-020

Intervention with infants 8–10 months who are at high risk of autism

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Theory and evidence suggest the potential value of early prodromal intervention with infants at risk of developing autism. This presentation will report on the Intervention within the British Autism Study of Infant Siblings (iBASIS) study; a targeted parent-mediated infancy intervention of this kind. We outline the theory behind the intervention and some of the basic science evidence from the British Autism Study of Infant Siblings (BASIS) that is relevant to it. Results from an initial proof of concept case series of the intervention (n = 8) will be presented, followed by details of the ongoing RCT (target n = 50) including levels of measurement ranging from parent-infant social interaction and infant atypical behavior, to infant eye-tracking, attention and cognitive tasks.

Conclusion.– Intervention targeted for infants at risk of autism at the end of the first year is both feasible and acceptable to families. Multiple levels of measurement reflect basic science evidence on early emergent features of autistic disorder.

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Innovative approaches for delivery of mental health care to families affected by medical illness

Su-S-021

Mental health needs of families with food-allergic children – access to care is not enough

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Rationale.– The extent of parental distress and perceived need for mental health (MH) support has not been examined in parents of children with food allergy (FA).

Methods.– Parents (n = 454) of food-allergic children were surveyed during meetings of the Food Allergy and Anaphylaxis Network (FAAN). Distress was assessed by the Impact of Event Scale (IES), a validated questionnaire targeting the child’s food allergy as the stressor.

Results.– Approximately a third of parents reported levels of distress that justify further MH evaluation, but only a third of those sought MH consultation. These results suggest that a programmatic approach (screening and referral) is necessary to accurately capture and address the MH needs of these parents.

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Su-S-023

Working with and supporting paediatric staff in a tertiary paediatric setting

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Paediatric healthcare professionals are frequently exposed to distressing situations involving seriously ill children, heavy workloads, resource shortages, and high expectations of themselves to cure every patient. Studies show high rates of depression, anxiety, and “burn-out” in health professionals, and a corresponding negative impact on the care provided to patients and on team function when staff decompensate. Despite this, there is little in the way of robust research in this field to guide prevention and intervention with staff. This paper will briefly review the literature on preventive interventions healthcare professionals, and then describe the strategies that the Paediatric Consult Liaison Service has used to support staff in a large tertiary children’s hospital in New Zealand. The results of a staff survey exploring staff attitudes to the use of personal and team supervision within the hospital will be presented, along with discussion of the findings.

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Identity assessment

Su-S-025

The essentials of identity – differentiating normal from pathological

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Identity is a fundamental organizing principal that allows one to function autonomously from others, contributes to self-esteem, provides the capacity to differentiate self and other, aids in social exchanges and provides insight into the effect one has on another, while providing predictability and continuity of functioning within a person, across situations, and across time. Disturbances in identity contribute to multiple problems in functioning, including problems in school, family, and interpersonal relationships with peers and adults, and increase the risk for developing severe personality disorders. The early identification of adolescents with this risk can facilitate early intervention, clearing blockages to normal development, and treatment. A model of assessment that articulates the components of identity and differentiates normal identity crisis from the more severe identity diffusion will be described.

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Su-S-026

Assessment of identity development in adolescents

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In the revision of DSM, “identity” is integrated as a central diagnostic criterion for personality disorders (self-related personality functioning). As identity is a highly complex construct, definition and assessment should be based on a broad theoretical background. We present a genotype-oriented contextualisation of identity to overcome shortcomings of previous instruments, mostly phenotype-oriented and limited either on healthy or on disturbed identity development. We distinguished the two higher-order areas “Continuity” (subjective emotional self-sameness and stability over time) and “Coherence” (cognitive clarity of self-definition and consistency over situations), in line with the constructs’ dichotomy in social-cognitive psychology and in the psychopathology-oriented psychodynamic descriptions of identity integration vs. diffusion. Each area is composed of three distinct aspects, covering and reassembling known subconstructs of identity used in established models from e.g. Kernberg, Westen, Fonagy...